Oregon evaluates payer information for child blood lead testing

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CATEGORY: Interoperable Data Systems

Oregon Health Authority created a connection between their disease surveillance system and the Medicare/Medicaid Information System to better evaluate the receipt of lead testing among children on Medicaid. This improved information completeness and data security.

CDC is encouraging funded states to increase lead testing among children on Medicaid. Kids on Medicaid are supposed to be tested at 12 and 24 months, and for several years to evaluate this, Oregon Health Plan would send all enrolled kids to the Blood Lead Program to match against any kids that had been tested in the past quarter. In addition to the delay in receiving the data, the transfer of that much data posed significant security/retention concerns.

The "What"

To improve both the timeliness and reliability of this data capture, Oregon Health Authority (OHA) partnered with our state Medicare/Medicaid Information System to query using X12 270/271

eligibility message from our integrated disease surveillance system (Orpheus). Now, about once/week, our Blood Lead Program Analyst does a manual query for each kid who has a blood test that has not previously been identified as a Medicaid enrollee.

The "So What"

One significant impact has been the dramatic improvement in data security since OHA is no longer transferring hundreds of thousands of records for duplicate storage and matching. Although the current method has changed the workflow of the Lead Program, the amount of work has not been an undue burden – in fact, it has also improved address verification because there are fewer records that are reviewed (even though the review is done for almost every kid that requires query). While it is difficult to measure the immediate public health impact, the ability to measure and appropriately account for expenditure of public funds is important.

The "Now What"

OHA is considering automating the query to run nightly and exploring automated address cleansing.

Key contributors to this project include David Dreher.

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